

**Exhibit 10 – Client Satisfaction Survey**  
**City of Austin**  
**Request for Proposal – Group Term Life**

Quarter- CY

Name of your Department/Division <b>Human Resources/Employee Benefits</b>		Policy Number	Account Contact
Contract Manager		Title	
Phone	E-mail Address		Date

1. Indicate your level of satisfaction with the following (medical and pharmacy are combined):

	<b>Satisfied</b>	<b>Not Satisfied</b>
<b><u>Customer Service/Eligibility</u></b>		
• Dedicated Service Unit	<input type="checkbox"/>	<input type="checkbox"/>
• Client service	<input type="checkbox"/>	<input type="checkbox"/>
• Compliance with City's eligibility rules	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Claims Process</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of claim payments	<input type="checkbox"/>	<input type="checkbox"/>
• Claims accuracy	<input type="checkbox"/>	<input type="checkbox"/>
• Waiver of Premium	<input type="checkbox"/>	<input type="checkbox"/>
• Basic/Supplemental Life	<input type="checkbox"/>	<input type="checkbox"/>
• Dependent Life	<input type="checkbox"/>	<input type="checkbox"/>
• AD&D	<input type="checkbox"/>	<input type="checkbox"/>
• Accelerated Death	<input type="checkbox"/>	<input type="checkbox"/>
• Assignment of Benefits	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Reporting</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
• Daily online reports	<input type="checkbox"/>	<input type="checkbox"/>
• Monthly/Quarterly/Annual reports	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. How would you rate \_\_\_\_\_'s overall service to you and employees?

☐ Very Good
 ☐ Good
 ☐ Average
 ☐ Poor
 ☐ Unacceptable

3. How can \_\_\_\_\_ better serve you?